

10/585334

AP20 Rec'd PCT/PTO 06 JUL 2006

Application Data Sheet

Application Information

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| Application number:: | |
| Filing Date:: | July 6, 2006 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | YES |
| Computer Readable Form (CRF)?:: | YES |
| Number of copies of CRF:: | 1 |
| Title:: | DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH KALLIKREIN 15 (KLK15) |
| Attorney Docket Number:: | 004974.01202 |
| Request for Early Publication?:: | NO |
| Request for Non-Publication?:: | NO |
| Suggested Drawing Figure:: | 0 |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | NO |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | NO |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Middle Name::
Family Name:: GOLZ
Name Suffix::
City of Residence:: Essen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Buckmannsmuhle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Middle Name::
Family Name:: BRÜGGEMEIER
Name Suffix::
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Leysiefen 20
City of mailing address:: Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Middle Name::
Family Name:: SUMMER
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::

Country of Residence:: DE
 Street of mailing address:: Katernberger Schulweg 3
 City of mailing address:: Wuppertal
 State or Province of mailing address::
 Country of mailing address:: DE
 Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2005/000340 | 15 January 2005 |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|-----------------|--------------------|
| EUROPE | 04001738.6 | 28 January 2004 | YES |
| | | | |
| | | | |

Assignee Information

Assignee name::

BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address::

Leverkusen

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

D-51368